



U.S. ENVIRONMENTAL PROTECTION AGENCY

## NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.	WILLIAMS PIPE LINE COMPANY 10601 Franklin Avenue Franklin Park, IL 60131  10601 Franklin Avenue Franklin Park, IL 60131	INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).
I. NAME OF INSTALLATION		
II. INSTALLATION MAILING ADDRESS		
III. LOCATION OF INSTALLATION		

001427 AUG 20 80

## FOR OFFICIAL USE ONLY

COMMENTS	
C	
C	
15 16	
INSTALLATION'S EPA I.D. NUMBER	APPROVED
DATE RECEIVED (yr., mo., & day)	
5	4
800818	
1 2	13 14 15
16	17 18 19 20 21 22
I. NAME OF INSTALLATION	
WILLIAMS PIPE LINE COMPANY	
30	
II. INSTALLATION MAILING ADDRESS	
STREET OR P.O. BOX	
3 10601 Franklin Avenue	
15 16	
CITY OR TOWN	
ST. ZIP CODE	
4 Franklin Park IL 60131	
15 16	
40 41 42 43 44 45	
III. LOCATION OF INSTALLATION	
STREET OR ROUTE NUMBER	
5 10601 Franklin Avenue	
15 16	
CITY OR TOWN	
ST. ZIP CODE	
6 Franklin Park IL 60131	
15 16	
40 41 42 43 44 45	
IV. INSTALLATION CONTACT	
NAME AND TITLE (last, first, & job title)	
PHONE NO. (area code & no.)	
2 KEARNES RG MGR ENV AFFAIRS	
918-588-3248	
15 16	
43 44 45 46 47 48 49 50 51 52 53 54 55	
V. OWNERSHIP	
A. NAME OF INSTALLATION'S LEGAL OWNER	
8 WILLIAMS PIPE LINE COMPANY	
15 16	
B. TYPE OF OWNERSHIP (enter the appropriate letter into box)	
VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))	
F = FEDERAL M = NON-FEDERAL	A. GENERATION B. TRANSPORTATION (complete item VII) C. TREAT/STORE/DISPOSE D. UNDERGROUND INJECTION
M	
25	58 59 60
VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))	
A. AIR B. RAIL C. HIGHWAY D. WATER E. OTHER (specify):	
61 62 63 64 65	
VIII. FIRST OR SUBSEQUENT NOTIFICATION	
Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.	
A. FIRST NOTIFICATION B. SUBSEQUENT NOTIFICATION (complete item C)	
X	
C. INSTALLATION'S EPA I.D. NO.	
ILD0000673053	
IX. DESCRIPTION OF HAZARDOUS WASTES	
Please go to the reverse of this form and provide the requested information.	

AUG 18 1980

W	I	L	D	0	0	0	6	7	3	0	5	3	2	1
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

## IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE  
(D001)

☐ 2. CORROSIVE  
(D002)

☐ 3. REACTIVE  
(D003)

☐ 4. TOXIC  
(D000)

## X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

NAME &amp; OFFICIAL TITLE (type or print)

DATE SIGNED

Manager of Environmental  
Affairs and Pipeline Safety

8-8-80



Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the resource Conservation and Recovery Act).



# Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received  
(For Official Use Only)

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

C. Installation's EPA ID Number

A. First Notification

☒

B. Subsequent Notification

(Complete Item C)

I L D 0 0 0 6 7 3 0 5 3

II. Name of Installation (Include company and specific site name)

W I L L I A M S P I P E L I N E C O M P A N Y

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

1 0 6 0 1 F R A N K L I N A V E N U E

Street (Continued)

City or Town

F R A N K L I N P A R K

County Code

County Name

C O O K

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

S A M E

City or Town

State

Zip Code

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

B O B E N

(First)

C A R O L Y N

Job Title

E N V S P E C I A L I S T

Phone Number (Area Code and Number)

6 5 1 - 6 3 5 - 4 2 6 6

VI. Installation Contact Address (See Instructions)

A. Contact Address

Location

Mailing

Other

B. Street or P.O. Box

2 7 2 8 P A T T O N R O A D

City Town

S T P A U L

State

Zip Code

M N 5 5 1 1 3 -

VII. Ownership (See Instructions)

A. Name of installation's Legal Owner

W I L L I A M S P I P E L I N E C O M P A N Y

Street, P.O. Box, of Route Number

P O B O X 3 4 4 8

City or Town

T U L S A

State

Zip Code

O K 7 4 1 0 1 -

Phone Number (Area Code and Number)

8 0 0 - 3 3 1 - 4 0 2 0

B. Land Type

P

C. Owner Type

P

D. Change of Owner Indicator

Y

X

No

(Date Changed)

Month

Day

Year

Ch 11/24/99



ID - For Official Use Only							
<b>VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; refer to instructions)</b>							
<b>A. Hazardous Waste Activity</b>	<b>B. Used Oil Recycling Activities</b>						
<p>1. Generator (See instructions)</p> <p><input type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.)</p> <p><input type="checkbox"/> b. 100 to 1000 kg/mo (200-2,200 lbs)</p> <p><input type="checkbox"/> c. Less than 100kg/mo (220 lbs)</p> <p>2. Transporter (Indicate Mode in boxes 1-5 below)</p> <p><input type="checkbox"/> a. For own waste only</p> <p><input type="checkbox"/> b. For commercial purposes</p> <p>Mode of Transportation</p> <p><input type="checkbox"/> 1. Air</p> <p><input type="checkbox"/> 2. Rail</p> <p><input type="checkbox"/> 3. Highway</p> <p><input type="checkbox"/> 4. Water</p> <p><input type="checkbox"/> 5. Other - specify</p>	<p>1. Used Oil Recycling Marketer</p> <p><input type="checkbox"/> a. Marketer Directs Shipment of Used Oil to Off-Specification Burner</p> <p><input type="checkbox"/> b. Marketer Who First Claims the Used Oil Meets the Specifications</p> <p>2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)</p> <p><input type="checkbox"/> a. Utility Boiler</p> <p><input type="checkbox"/> b. Industrial Boiler</p> <p><input type="checkbox"/> c. Industrial Furnace</p> <p>3. Used Oil Transporter - Indicate Type(s) of Activity(ies)</p> <p><input type="checkbox"/> a. Transporter</p> <p><input type="checkbox"/> b. Transfer Facility</p> <p>4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)</p> <p><input type="checkbox"/> a. Process</p> <p><input type="checkbox"/> b. Re-refine</p>						
<p><input type="checkbox"/> 3. Treater, Storer, Disposer (at Installation) Note: A permit is required for this activity; see instructions.</p> <p>4. Hazardous Waste Fuel</p> <p><input type="checkbox"/> a. Generator Marketing to Burner</p> <p><input type="checkbox"/> b. Other Marketers</p> <p><input type="checkbox"/> c. Boiler and/or Industrial Furnace</p> <p><input type="checkbox"/> 1. Smelter Deferral</p> <p><input type="checkbox"/> 2. Small Quantity Exemption</p> <p>Indicate Type of Combustion Device(s)</p> <p><input type="checkbox"/> 1. Utility Boiler</p> <p><input type="checkbox"/> 2. Industrial Boiler</p> <p><input type="checkbox"/> 3. Industrial Furnace</p> <p><input type="checkbox"/> 5. Underground Injection Control</p>							
<b>IX. Description of Hazardous Wastes (Use additional sheet if necessary)</b>							
<b>A. Characteristics of Nonlisted Hazardous Wastes. (Mark an 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)</b>							
1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic	(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)</b>							
1	2	3	4	5	6	7	8
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	10	11	12				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<b>C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions.)</b>							
1	2	3	4	5	6		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>X. Certification</b>							
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.							
Signature <i>Carolyn L. Bohen</i>			Name and Official Title (Type or Print) Environmental Specialist			Date Signed 9/27/99	
<b>XI. Comments</b>							
Installation contact name and phone number change							
Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses).							





ACKNOWLEDGEMENT OF NOTIFICATION  
OF HAZARDOUS WASTE ACTIVITY  
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

• ILD000673053 REACKNOWLEDGEMENT

INSTALLATION ADDRESS

WHILLIAMS PIPE LINE COMPANY  
10601 FRANKLIN AVE  
FRANKLIN PARK IL 60131  
  
10601 FRANKLIN AVE  
FRANKLIN PARK IL 60131

APR 04 1982

Mr. Bradley B. Oberg  
 Special Assignment Supervisor  
 Williams Pipe Line Company  
 Central Division  
 King's Cove Office Park  
 Suite 270  
 10200 West 75th Street  
 Shawnee Mission, Kansas 66204

Dear Mr. Oberg:

Thank you for your letter of April 26, 1982, requesting confirmation of "the status of K052" (hazardous waste).

K052 is the U.S. Environmental Protection Agency hazardous waste number which identifies tank bottoms (lead) from the petroleum refining industry (40 CFR, 261.32). It is a listed hazardous waste generated from a specific source - the petroleum refining industry. It must be managed in conformance with the requirements of 40 CFR. It is our interpretation that this designation applies only to the waste generated prior to the transportation of the petroleum product from the refinery.

Therefore, if the same generic waste is generated in a petroleum pipeline which is used to transport a product, it would not be designated as K052. However, this waste may be hazardous by virtue of exhibiting characteristics identified in CFR Part 260, Subpart C, and it should be analyzed for ignitability, reactivity, corrosivity, and EP toxicity. If the waste does indeed exhibit any of these characteristics it must be managed in accordance with the regulations specified in 40 CFR.

I wish also to call your attention to the provisions of 40 CFR, 261.4(e) which exempts hazardous wastes that are generated in a pipeline from RCRA regulations until they exit the pipeline; or are in the pipeline for more than 90 days after the unit ceases to be operated. This regulation may affect the manner in which you wish to manage your waste.

Please feel free to contact me at (312) 376-6130, for further information.

Sincerely yours,

Dale S. Houska  
 Physical Scientist

C. HOUSKA:cigi:SNH-TUE:6-7144:5/2/82

Please refer to Section V, Line-by-Line Instructions for Completing EPA Form 8700-12 before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



# Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received  
(For Official Use Only)

DEC 01 2000

## I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐

A. Initial Notification

☒
B. Subsequent Notification  
(Complete item C)

C. Installation's EPA ID Number

ILP0000673053

## II. Name of Installation (Include company and specific site name)

WILLIAMS PIPELINE-CHICAGO

## III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

10601 FRANKLIN AVENUE

Street (Continued)

City or Town

FRANKLIN PARK

State

Zip Code

IL60131

County Code

County Name

031COOK

## IV. Installation Mailing Address (See instructions)

Street or P.O. Box

Same

City or Town

State

Zip Code

## V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

(First)

SIEBEN

BRIAN

Job Title

Phone Number (Area Code and Number)

ENV SPECIALIST

913-310-7731

## VI. Installation Contact Address (See instructions)

A. Contact Address  
Location Mailing

B. Street or P.O. Box

☐
☒

13424 WEST 98TH STREET

City or Town

State

Zip Code

SHAWNEE MISSION

KS66215-

## VII. Ownership (See instructions)

## A. Name of Installation's Legal Owner

WILLIAMS PIPE LINE

Street, P.O. Box, or Route Number

PO BOX 3448

City or Town

State

Zip Code

TULSA

OK74101-

Phone Number (Area Code and Number)

B. Land Type

C. Owner Type

D. Change of Owner  
IndicatorDate Changed  
Month Day Year

918-573-2000

P

P

Yes

No

Month

Day

Year

RECEIVED

NOV 27 2000

EPA-DLPC

0310965121

C

C

1/4/01  
sk

ID - For Official Use Only

## VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions)

## A. Hazardous Waste Activities

1. Generator (See Instructions)  
☐ a. Greater than 1000kg/mo (2,200 lbs.)  
☒ b. 100 to 1000 kg/mo (220-2,200 lbs.)  
☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)  
☐ a. For own waste only  
☐ b. For commercial purposes
- Mode of Transportation  
☐ 1. Air  
☐ 2. Rail  
☐ 3. Highway  
☐ 4. Water  
☐ 5. Other - specify
3. Treater, Storer, Disposer (at Installation) Note: A permit is required for this activity, see instructions.
4. Exempt Boiler and/or Industrial Furnace  
☐ a. Smelting, Melting, and Refining Furnace Exemption  
☐ b. Small Quantity On-Site Burner Exemption
5. Underground Injection Control

## C. Used Oil Management Activities

1. Used Oil Transporter/Transfer Facility - Indicate Type(s) of Activity(ies)  
☐ a. Transporter  
☐ b. Transfer Facility
2. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)  
☐ a. Processor  
☐ b. Re-refiner
3. Off-Specification Used Oil Burner
4. Used Oil Fuel Marketer  
☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Used Oil Burner  
☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

## B. Universal Waste Activity

- ☐
- Large Quantity Handler of Universal Waste

## IX. Description of Hazardous Wastes (Use additional sheets if necessary)

## A. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1 F005	2	3	4	5	6
7	8	9	10	11	12

## B. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24; See instructions if you need to list more than 4 toxicity characteristic waste codes.)

(List specific EPA hazardous waste number(s) for the Toxicity Characteristic contaminant(s))

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic	1	2	3	4
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D018			

## C. Other Wastes. (State-regulated or other wastes requiring a handler to have an I.D. number; See instructions.)

1	2	3	4	5	6
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## X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature



Name and Official Title (Type or print)

BRIAN SIEBEN ENVIRONMENTAL SPECIALIST

Date Signed

11/21/00

## XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section IV of the booklet for addresses.)